



Chapter 2: Petition for Child Support

What do I file to ask for child support?

If the parents are not living together, either parent may ask the Court for a child support order. This is done by filing a Petition for Child Support.

- Sample Petition for Child Support may be found on page 8.
- When filling out the Petition for Support please note the following:
 - Only check the first box if you are seeking *spousal* support (support before a divorce is pending).
 - Check the second box if you are requesting the Respondent provide medical support (health insurance/out of pocket expenses) for the child(ren).
 - Check the third box if you want the child support to be retroactive (you want the court to order child support prior to the date of filing the Petition).

Is there a fee associated with the filing of a petition?

There are no filing fees in cases where either parent is a client of DCSE. In all other cases, the Court charges a fee for filing petitions. However, the fee may be waived if an individual is unable to pay it. To request that the fee be waived, you must complete the Application to Proceed In Forma Pauperis.

What happens after a Petition for Support is filed?

After a Petition for Support is filed, the Respondent will receive a copy of the Petition and will have 20 days in which to file an Answer. Both parties will then receive notice of a scheduling date for a mediation conference or hearing before a Commissioner.

Do I need to attach any evidence to my Petition for Support?

No. Evidence such as pay stubs, child care bills, etc. will be reviewed at the mediation conference and/or hearing, if one is necessary. You do not need to attach any documentation to the Petition for Support.

Do I need to state how much child support I want on my Petition?

No. Child Support is calculated based on a formula that considers many factors including, but not limited to the incomes of both parties and expenses for the child.

The Family Court of the State of Delaware

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Check the county in which you are filing.

PETITION FOR SUPPORT

DCSE # _____

Petitioner

Name Sarah Smith		
Street Address 111 South Oak Street		
Apt. or P.O. Box Number		
City Dover	State DE	Zip Code 19901
Social Security Number 111-22-3333	Date of Birth 2/25/1973	
Attorney Name and Phone Number n/a		
Driver's License #: 345678	State: DE	
Employer: ABC Corporation		
Employer Address: 123 South Street Dover, DE 19901		

Fill in information about the Petitioner (person requesting support) and Respondent (person being asked to pay support).

Name Michael Jones		
Street Address 555 Main Street		
Apt. or P.O. Box Number		
City Dover	State DE	Zip Code 19901
Social Security Number 444-55-6666	Date of Birth 3/14/1977	
Attorney Name and Phone Number n/a		
Driver's License #: 987654	State: DE	
Employer: DEF Corporation		
Employer Address: 456 North Street Dover, DE 19901		

File Number
CK04-0221

Petition Number

IN THE INTEREST OF the following child(ren):

Name Shawn Jones	Date of Birth 5/25/1995	Name	Date of Birth
Social Security Number:		Social Security Number:	
Name	Date of Birth	Name	Date of Birth
Social Security Number:		Social Security Number:	
Name	Date of Birth	Name	Date of Birth
Social Security Number:		Social Security Number:	

Fill in child(ren) information here. If you are asking for support for children with different fathers, you must file a separate petition for each child.

☐ RESPONDENT owes legal duty of support to PETITIONER.

1. PETITIONER requires the sum of \$ _____ per _____ for spousal support.

☒ RESPONDENT owes legal duty of support to Children.

1. PETITIONER requests that the Delaware Child Support Formula be used to determine the appropriate obligation.

☒ PETITIONER requests that the RESPONDENT be ordered to provide health insurance for the child(ren); to provide the Petitioner with copies of health insurance documents; and to provide unreimbursed health care costs to the Petitioner.

☒ PETITIONER requests that the RESPONDENT be ordered to provide retroactive support from 1/1/2006 (up to a maximum of two years prior to the date of filing), with credit given for support provided, if any.

Check these boxes to tell the court if you want Respondent to be responsible for health insurance and/or if you want support payments to be retroactive.

form
Child

2. PETITIONER alleges the following:

☒ RESPONDENT has refused or failed to comply with the Delaware Child Support Formula.
☐ RESPONDENT has been providing some support.

Check one of these boxes to explain to the Court whether Respondent has been paying any support.

WHEREFORE, PETITIONER prays that a Summons be issued to RESPONDENT.

3/1/2008

Date

Sarah Smith

Petitioner/Attorney